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PTO/SB/21 (08-00)
Approved for use through 10/31/2002. OMS 0651-0031
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

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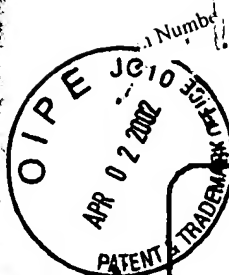
TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/072,282	
	Filing Date	02/11/2002	
	First Named Inventor	Sunil Dhuper	
	Group Art Unit		
	Examiner Name		
Total Number of Pages in This Submission	4	Attorney Docket Number	

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	
<input checked="" type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/Incomplete Application	Remarks	TITLE:
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	ENDOTRACHEAL TUBE WITH AEROSOL DELIVERY APPARATUS	

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Sunil Dhuper
Signature	
Date	3-27-2002

CERTIFICATE OF MAILING	
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date: 3-27-2002	
Typed or printed name	Sunil Dhuper
Signature	
Date	3-27-2002

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3761

PTO/SB/17 (11-01)
Approved for use through 10/31/2002 OMB 0551-0032
U.S. Patent and Trademark Office U.S. DEPARTMENT OF COMMERCE
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FEE TRANSMITTAL for FY 2002

Patent fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)
180

Complete if Known	
Application Number	10/072,282
Filing Date	02/11/2002
First Named Inventor	Sunil Dhuper
Examiner Name	
Group Art Unit	
Attorney Docket No.	

METHOD OF PAYMENT (check all that apply)

☒ Check ☐ Credit card ☐ Money Order ☐ Other ☐ None

☐ Deposit Account:

Deposit Account Number: _____
Deposit Account Name: _____

The Commissioner is authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Credit any overpayments

☐ Charge any additional fee(s) during the pendency of this application

☐ Charge fee(s) indicated below, except for the filing fee to the above identified deposit account

FEE CALCULATION

1. BASIC FILING FEE

Large Entity / Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)		
101	740	Utility filing fee	
106	330	Design filing fee	
107	510	Plant filing fee	
108	740	Reissue filing fee	
114	150	Provisional filing fee	

SUBTOTAL (1) (\$)

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Extra Claims Fee from below Fee Paid

Total Claims: _____ -20** = _____ X _____ = _____

Independent Claims: _____ -3** = _____ X _____ = _____

Multiple Dependent: _____ = _____

Large Entity / Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)		
103	18	Claims in excess of 20	
102	84	Independent claims in excess of 3	
104	280	Multiple dependent claim, if not paid	
109	84	** Reissue independent claims over original patent	
110	18	** Reissue claims in excess of 20 and over original patent	

SUBTOTAL (2) (\$)

** or number previously paid, if greater. For Reissues, see above

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity / Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)		
105	130	Surcharge - late filing fee or cash	
127	50	Surcharge - late provisional filing fee or cover sheet	
139	130	Non-English specification	
147	2,520	For filing a request for or parts reexamination	
112	920*	Requesting publication of SIR prior to Examiner action	
113	1,840*	Requesting publication of SIR after Examiner action	
115	110	Extension for reply within first month	
116	400	Extension for reply within second month	
117	920	Extension for reply within third month	
118	1,440	Extension for reply within fourth month	
128	1,960	Extension for reply within fifth month	
119	320	Notice of Appeal	
120	320	Filing a brief in support of an appeal	
121	200	Request for oral hearing	
133	1,510	Petition to institute a public use proceeding	
140	110	Petition to revive - unavoidable	
141	1,250	Petition to revive - unintentional	
142	1,280	Utility issue fee (or reissue)	
143	460	Design issue fee	
144	620	Plant issue fee	
122	130	Petitions to the Commissioner	
123	50	Processing fee under 37 CFR 1.17(q)	
126	180	Submission of Information Disclosure Sheet	180
581	40	Recording each patent assignment per property (times number of properties)	
146	740	Filing a submission after final rejection (37 CFR § 1.129(a))	
140	740	For each additional invention to be examined (37 CFR § 1.129(b))	
179	740	Request for Continued Examination (RCE)	
169	900	Request for expedited examination of a design application	

Other fee (specify): _____

* Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$)
180

SUBMITTED BY

Name (Print name)	Registration No. (Name/Agent)	Telephone
Sunil Dhuper		516 626-3439

Signature: _____ Date: 3-27-2002

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

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The following additional information regarding our invention titled ' Endotracheal Tube With Aerosol Delivery Apparatus' pertains to

(I)Variety of materials that can be used in manufacturing this device.

(II) Additional variables to be considered during manufacturing this device.

(I) MATERIALS:

There are hundreds of varieties of plastic materials that can be used to manufacture the Endotracheal tube (ET tube), though the most common is Polyvinyl Chloride (PVC). Various materials that we have worked with are thermoplastic (polyvinyl chloride, polyethylene,polypropylene),silicone,or teflon.

Different materials have different co-efficient of resistance and hence can influence the flow of aerosol medication through the secondary cannulation. We have tested different materials mentioned above alone or in various permutations and combinations e.g.: PVC and teflon, PVC and polyethylene, silicone and teflon, silicone and PVC, etc..The ET tube could be made of PVC but the secondary cannulation of PVC could be the "housing" for Teflon cannulation.

Teflon or silicone may have better flow characteristics than some thermoplastic materials but teflon is too stiff and silicone too pliable for manufacturing ET tubes for patients. However using reinforcement of silicone ET tube with metal spring mesh could make it stiffer for patient use. Other alternatives being adjusting the thickness of the wall of the ET tube.

Also of note is that some materials are not compatible with each other based on different melting points. In such cases we have mechanically placed cannulas made of one material in the secondary cannulation made of a different material.

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(II) ADDITIONAL VARIABLES:

- (1) The ET tube size (length and width) could vary depending on the patient (pediatric vs. adults)
- (2) The thickness of the wall could vary from 1mm to 3mm.
- (3) The secondary cannulation diameter can vary from .1mm to 1.25mm.
- (4) The secondary cannulation diameter can be uniform throughout, different in the proximal and distal parts, or uniform throughout with change only at the proximal and / or distal ends.